

# MAINE CRIMINAL JUSTICE ACADEMY

15 Oak Grove Road Vassalboro, Maine 04989

Telephone (207)877-8000 FAX (207)877-8027

## LAW ENFORCEMENT PRE-SERVICE APPLICATION

### **APPLICANT MUST COMPLETE THE FOLLOWING (please type or print)**

Applicant's Name: \_\_\_\_\_  
First MI Last

Home Address: \_\_\_\_\_  
Street City/Town State Zip Phone

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Will you be under 21 at the beginning of class? \_\_\_\_ Yes \_\_\_\_ No ***If yes answer 2 & 3***
2. Have you completed at least 60 hours in an accredited college course? \_\_\_\_ Yes \_\_\_\_ No, ***or***
3. Are you currently enrolled and have at least 40 credits in an accredited college? \_\_\_\_ Yes \_\_\_\_ No

***If yes to 2 or 3 above, please attach copies of transcript(s)***

I, \_\_\_\_\_, release the sponsoring agency, the Maine Criminal Justice Academy and any other department / agency officially connected or associated with this training program from any liability in the case of illness, injury or accident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Meals & Lodging Request - ***Please fill in for any programs held at the Academy campus. Not available at off campus locations.***

Meals: ☐ None ☐ All meals ☐ Noon only Lodging: ☐ None needed ☐ Lodging is required

Course Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

### **EMPLOYING / SPONSORING AGENCY MUST COMPLETE THE FOLLOWING:**

- ☐ This applicant is employed by us and approved for training. We release the MCJA and any other agency associated with this training program from any liability in case of illness, injury or accident. ***(Notice of employment must be completed and on file at the Academy)***
- ☐ This applicant is sponsored, but not yet employed by us.
- ☐ Please bill the ***employing*** agency for: Tuition \_\_\_\_\_ Meals \_\_\_\_\_ Lodging \_\_\_\_\_

- ☐ This applicant is not employed by us. This agency only agrees to perform a criminal background investigation to determine the applicant's eligibility for Law Enforcement Pre-Service Training.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(Chief / Sheriff / Department Head Only)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Sponsoring / Employing Agency (print or type): \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City / Town Zip Phone